

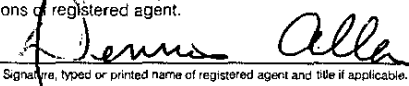
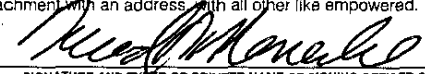


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90009 001 \*\*\*550.00

<b>DOCUMENT # P03139</b> 1. Entity Name <b>LUCIER CHEMICAL INDUSTRIES, LTD., INCORPORATED</b>					
Principal Place of Business <b>415 PABLO AVE N JACKSONVILLE BEACH, FL 32250 US</b>			Mailing Address <b>POST OFFICE BOX 49000 JACKSONVILLE BEACH, FL 32240-9000</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		07012004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>13-3158103</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ANDERSON, PAULA 415 PABLO AVE NORTH JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent Name <b>DENNIS ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>415 PABLO AVE N</b> City <b>JACKSONVILLE BEACH</b> <b>FL</b> Zip Code <b>32250</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>DENNIS ALLEN</b> 7/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MESSERLIE, DAVID 201 TWELVE OAKS PONTE VEDRA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIER, ROBERT 15 ONEIDA RD ACTON, MA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLODZIEJ, DEBORAH 19 FAIRVIEW DR SOUTHBORO, MA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EKSTROM, BRUCE 107 LINKS RD MARTHASVILLE, MO		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIER, NANCY J 109 CANNON CT W PONTE VEDRA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSERLIE, CAROL 201 TWELVE OAKS PONTE VEDRA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		<b>DAVID P. MESSERLIE</b> 7/1/04    (904) 241-1200			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date    Daytime Phone #</small>			

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